

No. 2
8-43
7-39
X37823

FILED JUN 24 1944

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 1317

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Clayton, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
816 S. Hanley Rd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis **96**
 (c) City or town Clayton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 816 S. Hanley Rd.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME Emma Ittleeson Cohn
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Moses M. Cohn 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased April 9 1869
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 7 hr. min.

9. Birthplace Philadelphia Pa.
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Oscar Ittleeson
 { 13. Birthplace Unknown Lithuania
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Eva Stern
 { 15. Birthplace Unknown Lithuania
 (City, town, or county) (State or foreign country)

16. (a) Informant Moses M. Cohn
 (b) Address 816 S. Hanley

17. (a) Burial (b) Date thereof 6-18-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai Cemetery

18. (a) Signature of funeral director A. Herman Rindoff
 (b) Address 5216 Delmar Blvd.

19. (a) JUN 19 1944 (b) C. G. Mc Gowan, Jr.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 16
 year 1944 hour 2 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Apr. 27, 1944, to June 16, 1944;
 that I last saw h. er alive on....., 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of uterus
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death) 48 hr

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....
 23. Signature W. H. Olmstead (M. D. or other) 0
 Address 3720 Washington Date signed 8/17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprenticé No.....
working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address. *4355 Washington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.